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Introduction

Background

This report provides an overview of the drugs market across the Southern partnership of the European Neighbourhood Policy region (ENP-South) ([1]) and focuses on Algeria, Israel, Jordan, Lebanon, Libya, Morocco, Palestine ([2]), Syria ([3]) and Tunisia. The analysis provided here offers a top-level overview of drug production, trafficking, sale, use and harms, as well as exploring the drivers and facilitators of drug markets across the ENP-South region. It highlights drug-related threats and their potential implications for security and health. Due to the proximity of and ties between the ENP-South region and the EU, developments in this region have the potential to have significant implications for the EU.

The findings detailed here are based on semi-structured interviews, conducted between November 2021 and January 2022, with key informants in the abovementioned nine countries of the ENP-South region. This is complemented by a review of the available scientific literature, other data available from governmental and non-governmental sources, and information from open sources, including the media. An important caveat is that there is an overall lack of detailed, recent and reliable information on the drug situation in the region. This means the information reported here must be interpreted with caution. It also highlights the importance of strengthening routine drug monitoring data systems and research activities in this region.

Methodology

A main source of information used here is qualitative data obtained from interviews with key informants in the ENP-South region. Global Initiative against Transnational Organized Crime (GI-TOC) staff and consultants conducted 70 field interviews between November 2021 and January 2022. Interviewees included public health officials, customs and security officers, academics, staff of non-governmental organisations (NGO) working in the field of harm reduction, people who use drugs, and people involved in drug market activities. The topics explored in the interviews included the respondents' perceptions of drug availability, patterns in use and trends, and information related to the operation of the drug market (production, trafficking, sales and prices).

Using qualitative interviews as a primary source of data is both a strength and a limitation of this report. Interview data can provide valuable information in relation to new developments in the drugs situation as they are perceived by the interviewee, including insights that other sources may not have captured. Particularly in a region where other data sources are limited or of poor quality, conducting key informant interviews is to a large extent the only practical approach to reviewing the operation of the drug market and can shed light on developments that may otherwise be overlooked. However, a limitation is that the interviews provide subjective insights into the drugs situation based on the experience and expertise of the key informants that may be partial, biased or misinformed and are often not possible to verify. Having a large sample of interviewees helps manage this limitation but does not fully overcome it. Where possible, other sources have been used to validate or supplement the information gathered from the interviews; however, given the paucity of data available, findings from the qualitative interviews reported here should be regarded as a preliminary assessment that will necessarily require further follow-up and verification in future work.

To ensure that all available information was audited for this study, information requests were also made to GI-TOC's field monitoring system, which consists of a network of over 150 journalists, researchers and academics spread throughout North Africa and the Sahel who participate in an ongoing monthly monitoring and research exercise.

A review of secondary sources was also conducted. This included media reports, open source material, academic publications and grey material produced by relevant governmental and non-governmental sources. This included some information from data archives collected by GI-TOC, for example press releases by government bodies detailing drug seizures. Documents were reviewed in English, French and Arabic. This review also used non-public reports, presentations and communications generated through European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) field assessments in the ENP-South region.

([1]) Egypt was a potential beneficiary of the EU4MD project but decided not to participate. Where appropriate for the regional context, references to the drug situation in Egypt are provided. No specific analysis of drug markets in Egypt was completed for the purpose of this report.

([2]) This designation shall not be construed as recognition of a State of Palestine and is without prejudice to the individual positions of the Member States on this issue.

([3]) The EU suspended all bilateral cooperation with the government of Syria; Syria has not been included in the EU4MD project; information related to Syria is derived from sources unrelated to the government of Syria.

Where available, data collected as part of routine monitoring or research activities was also analysed. This included some developmental data collection exercises supported by the EMCDDA and other international bodies as part of their capacity building activities. Data collection exercises supported by the EU4MD included the European Syringe Collection and Analysis Project Enterprise (ESCAPE), the European Drug Emergencies Network and a study using the European Facility Survey Questionnaire. These tools come with their own strengths and limitations, the discussion of which is beyond the scope of this report, but which can be examined on their respective website links ([4]).

Where possible, qualitative information on cross-border trafficking and supply has been triangulated with other information collected through EMCDDA core monitoring and non-routine data collection activities with EU Member States, Norway and Türkiye.

It is important to note that while attempts have been made to substantiate the information collected from qualitative interviews by using supplementary data sources, a key limitation of any analysis of this topic is simply the lack of detailed, timely and reliable information on the drug situation in the region. As such, significant knowledge gaps exist that are highlighted here. An overarching conclusion from this exercise is therefore the importance of strengthening drug monitoring capacity for collecting and disseminating reliable and comparable information on the drugs situation in this region.

Report outline

The report begins by providing an overview of key findings focusing on what is known about production, trafficking and organised crime networks. While the focus of this report is the operation of the drug markets and data on drug availability and use, its impact on public health is included where relevant information is available. The main drivers and facilitators of drug markets in the region are then discussed, drawing attention to the significant implications of the expansion of transport networks in this region, as well as identifying other key challenges such as economic insecurity, ongoing conflicts and the expansion of the operational activities of organised crime networks.

Overviews of each main drug type are also provided (cannabis; captagon and other amphetamines; heroin and other opioids; cocaine; MDMA; new psychoactive substances (NPS); and diverted pharmaceuticals). The analysis explores issues related to production, trafficking and, to a lesser extent, what is known about availability and use. Data on drug use prevalence and its associated harms are particularly lacking and represent an important and acknowledged limitation to the analysis conducted here. The report concludes with a future-oriented review of the outlook for the regional situation, highlighting knowledge and response gaps.

([4]) For more information, see https://www.emcdda.europa.eu/topics/escape_en and https://www.emcdda.europa.eu/publications/technical-reports/european-facility-survey-questionnaire-efsq_uk.

Key findings

Drivers and facilitators

▶ Political instability and ongoing conflict in some parts of the region represent a major challenge to good governance and the rule of law. A knock-on impact of this is that those areas facing social instability are likely to become more vulnerable to drug production, trafficking and associated criminal activity and also experience increased levels of domestic drug problems.

▶ The available information suggests that the COVID-19 pandemic's impact on drug trafficking in the region was both limited and short-lived, as those involved with drug market activities rapidly adapted their methods to respond to COVID-19 restrictions on movement or social contact. Border closures and mobility constraints on land travel appear to have resulted in maritime trafficking routes becoming more important during this period. This can be seen as accelerating a trend that was to some extent observable before the pandemic.

▶ Longstanding inadequacies in treatment provision in many parts of the region were also reported to have been made worse by the COVID-19 pandemic, which resulted in many treatment facilities either temporarily closing or not accepting new admissions. During the pandemic, reports also suggest that there was increased interest in the non-medical use of medicines in some countries; this is a relatively long-established problem for some countries but needs to be viewed within the context of providing adequate access to medicines for therapeutic purposes. A longer-term policy issue is therefore the need to ensure the adequate supply of medicines while at the same time strengthening measures to reduce the risk of their inappropriate use.

Production

▶ Some important global production areas for cannabis are located within the ENP-South region. These are concentrated in Morocco and Lebanon.

▶ Trends in cultivation of cannabis in recent years appear variable. Reports suggest that production has remained relatively stable on the North African side of the region; however, there are some indications of possible expansion of cultivation in Lebanon, Syria, Israel and to a lesser degree Palestine.

▶ Captagon (usually amphetamine) tablet production is reported to take place in Syria and is thought now to involve military groups, business and state actors as well as various non-state actors. This is a worrying development. The data available, including seizures made at the borders of neighbouring countries, suggest this has increased in recent years, possibly substantially. Production may have also increased slightly or diffused to Lebanon and to a lesser extent Jordan, although the latter appears to currently play only a minor role in production in the region at present. However, trafficking of captagon through Jordan is now considered a major cross-border threat by security officials within the country. Taken as a whole, the information available suggests that captagon production and trafficking linked to state and non-state actors is becoming a growing threat in the region, with the potential to exacerbate existing security-related challenges.

▶ Some generally small-scale production of synthetic substances (such as MDMA, amphetamines and NPS) has been reported in the region, with reports of production or processing sites being identified and dismantled. However, currently, the information available is not sufficient to understand the scale or dynamics of this. Given the potential significance of this development for the future of both the region and the EU, this represents an important issue for follow-up activities.

▶ Some opium poppy cultivation is also reported to take place in parts of this region.

Trafficking

▶ The ENP-South region contains several hubs for drug trafficking and their importance appears to be increasing.

▶ Transport networks and infrastructure are likely to expand rapidly in the coming years, given their importance to licit commercial activity and investment being made in this area. This is likely to create new opportunities for drug trafficking and new challenges for law enforcement.

▶ Herbal cannabis and cannabis resin are the substances most trafficked in the ENP-South region, with routes crossing every country in the region.

▶ There are some indications of increased use of a more circuitous route for cannabis and captagon trafficking between Beirut and the Persian Gulf that runs through the West African coast, the Sahel and Libya.

▶ In contrast to trafficking involving intermodal containers, the use of commercial air and maritime transport generally is associated with the trafficking of smaller volumes, but also a wider variety, of illicit drugs. Notably, trafficking by ferry boats appears to be bi-directional, with cannabis resin transported to Europe, and MDMA and cocaine transported from Europe to North Africa.

▶ The data available, while limited, do suggest that the trafficking of MDMA, cocaine, heroin and diverted pharmaceuticals from Europe to countries in the ENP-South region may have grown in recent years.

Organised criminal networks

▶ There are some indications of increased links and more integration in operational activities between national and regional organised crime networks and their international counterparts. As any developments in this area could have significant implications for the future, this topic should be regarded as a priority for further investigation and follow-up.

▶ The drug economy appears to have provided an opportunity for income generation for some armed forces and groups involved in conflicts in the region. In areas of conflict, armed groups often appear to have pivoted towards production and trafficking of drugs as an income generation activity and established greater links with organised crime networks involved in drug market activities. In Syria, for example, there are reports that links exist between the production of captagon and several factions involved in the conflict in this country, as well as some involvement of the business sector and other state and non-state actors.

▶ Overall, violence directly related to drug production and trafficking is still reported as being relatively rare and generally of low intensity in this region but there are some worrying indications that this may be changing. Monitoring of the situation is needed as many of the current background conditions are similar to those observed in Latin America in the period that preceded the growth in drug-related violence that now afflicts many countries there.

▶ An established but also growing challenge is entrenched corruption. Trafficking networks, to varying degrees, are thought to have infiltrated state structures in parts of this region. It is reported that organised crime networks have secured the complicity or complacence of high-ranking officials, both enabling drug flows and impeding attempts to disrupt them. Issues around penetration of state structures can be seen at multiple levels, ranging from small-value, yet ubiquitous, payments made to low-level officials, to deep and direct integration of state actors in criminal activity, including security officers and some military personnel.

Availability and use

▶ The ENP-South region is perceived by informants as representing a growing consumer market for drugs, although robust routine monitoring data on drug consumption prevalence or trends is largely lacking. It should be noted that demographic factors and urbanisation may also represent risk factors for an increase in future domestic drug demand.

▶ Although reliable data are limited, the information available does suggest that drug use across the region has increased. Use of methamphetamine and amphetamine in the form of captagon tablets, in particular, appears to have become popular in Syria, with Lebanon and Israel also reporting some signs of increased use of methamphetamine. Some signals of increased captagon use in Jordan have also been noted. Overall, however, cannabis remains the most-used illicit substance in the region.

▶ The use of prescription medicines and medicinal products for non-therapeutic purposes is not well understood but merits further follow-up as there are signals that this problem may be growing.

▶ There are signals that patterns of drug use are shifting towards a wider variety of substances. The use of synthetic stimulants such as methamphetamine, MDMA, some types of NPS and new types of diverted pharmaceuticals such as pregabalin are all reported as becoming more common. There are also some possible signs of limited but growing use of heroin. Given the perception that the current dynamics of drug use in the region could mean that consumption patterns have the

potential to change, rapidly improving the surveillance of drug prevalence and patterns of drug use must be regarded as a priority for monitoring and research activities.

▶ There are strong indications of geographic heterogeneity in patterns of drug use within the region that require greater elaboration. The use of heroin, for example, appears to be very limited overall but entrenched pockets of use exist in some areas, including Algeria, Israel, Morocco and Tunisia. Use of cocaine, thought to be generally rare in the region, appears to be comparatively high in Israel and may be growing among some groups in other countries in the region, although this is poorly observed.

Responses to drug use

▶ The focus of this report is on the operation of the regional drugs market, and further work is required to analyse in more detail the impact of drug use on public health in the region. In general, however, it can be concluded that state responses to drug problems in the region are predominantly punitive, with a focus on law enforcement responses. While there has been some expansion of public health approaches in recent years, seen for instance in increased numbers of public and private treatment facilities, the information available strongly suggests current capacity remains considerably below what is required to respond to estimated needs.

Main drivers and facilitators of drug markets

Changing trends around drug production, trafficking and use in the ENP-South region appear to be driven in part by a number of interrelated overarching factors. These include the growth in transport networks, economic challenges and social marginalisation, persistent internal conflict in some states, entrenched corruption and the expansion of criminal network operations in the region.

Expansion of transport networks

Transportation links – by intermodal container shipping, commercial air travel, cross-Mediterranean ferry travel or overland – have enabled current drug trafficking routes to expand through and from the ENP-South region. They have also played a role in connecting the region to key points in illicit drug trafficking commodity chains, including Europe, South America, Asia and West Africa. Intermodal container shipping and maritime travel in particular have been key means of transporting a wide variety of illicit substances and have facilitated trafficking into the EU (EMCDDA and Europol, 2019).

Transportation links are likely to grow in the future, given their importance to licit commercial activity and investments being made in this area. This may create new opportunities for criminal actors involved in illicit drug trafficking as well as creating new challenges for interdiction activities.

Drugs trafficked in intermodal container shipments are typically hidden among licit goods. When used to traffic drugs into the ENP-South region, intermodal containers are most typically associated with large volumes of cocaine shipped from South America or diverted pharmaceuticals, mainly tramadol ([5]), shipped from South Asia. Within the region, and from the region to other drug markets, trafficking using intermodal containers appears to be mainly of captagon (from Syria and Lebanon) and, to a lesser degree, cannabis resin (from Lebanon, Morocco and Syria).

In contrast to trafficking involving intermodal containers, trafficking by commercial air and maritime transport is generally associated with smaller volumes, but a wider variety, of illicit drugs.

In trafficking attempts involving commercial air transport, drugs are typically carried by couriers, either concealed within luggage or ingested or hidden on the courier's body. In some instances, a 'shotgun' method is reported to have been used by traffickers, with multiple couriers travelling on the same flight to increase the chances of some evading detection. Commercial air travel has been reported to have been used to traffic cocaine from South Africa, cocaine and herbal cannabis from West Africa, and cocaine, heroin, MDMA and various types of diverted pharmaceuticals from Europe.

Trafficking by ferry boats may involve couriers carrying drugs on their bodies or in their luggage, but as with commercial air travel, such shipments tend to be of small volume. Larger shipments of drugs are typically hidden either within vehicles or in trucks carrying licit goods. Trafficking by ferry is reported to occur mainly along routes linking Spain, France and Italy with Algeria, Morocco and Tunisia. Notably, trafficking by ferry boats is reported as sometimes being bi-directional, with cannabis resin transported to Europe, and on occasion MDMA or other substances , such as buprenorphine, trafficked to North Africa.

Economic challenges

Over the last decade, many states in the ENP-South region have experienced limited growth, relatively high rates of unemployment and persistent economic marginalisation in many rural and more remote areas (Herbert and Gallien, 2020b; Hoogeveen and Lopez-Acevedo, 2021). In some cases, economic challenges have been substantial. Lebanon, for instance, has experienced a deteriorating economic situation and banking crisis since 2019 (Adal, 2021).

Limited opportunities to participate in the legal economy have been a longstanding driver of participation in the region's drug economy. Particularly in periods of economic hardship, when income-generating opportunities are limited, people may seek to replace or supplement their livelihoods by engaging in illicit activities including drug production, trafficking or sale. Additionally, periods of economic hardship may see an increase in demand for illicit substances as people may be more vulnerable to using drugs to cope with stress and mental health issues or as an escape from the realities of poverty and unemployment.

([5]) Tramadol is a synthetic opioid analgesic with low abuse potential. Its major metabolite is *O*-desmethyltramadol, which has greater analgesic activity than the parent drug.

The COVID-19 pandemic and associated government responses placed further strain on the region. Many states recorded substantial economic contractions during this period, with increases in levels of unemployment. While an economic rebound occurred in some areas in 2021, overall, the economic recovery in the ENP-South region has been uneven, with some states, such as Lebanon and Tunisia, continuing to face substantial challenges (Amara and Mcdowall, 2022; Leonhardt and Yar, 2021).

These economic challenges may have contributed to the expansion of the drug economy in the ENP-South region, both in terms of heightened demand for illicit substances and as a driver for increasing participation in their production, trafficking and sale. In Lebanon, for example, some farmers appear to have switched from licit crops to cannabis cultivation to supplement their incomes. In Tunisia, key informant interviews suggest that the economic challenges linked to the COVID-19 pandemic may have pushed more unemployed individuals, or those with low incomes, into becoming involved with drug trafficking or drug sales.

Declining economic conditions in the region and related effects on government finances have also impacted the ability of regional states to respond to the production, trafficking and use of illicit drugs. Such challenges are arguably most acute in Lebanon, where the prolonged economic and political crisis is reported as having a major negative impact on many government activities, including efforts to address drug-related issues.

Conflict, violence and insecurity

Ongoing internal conflicts in Libya and Syria appear to have enabled the growth of drug economies; this development is not thought to be restricted to areas outside of government control and may also involve some state actors and political and business elites. There is little to indicate that the internal conflicts in Libya and Syria are likely to be resolved soon, with the result that the two states will likely continue to be important areas for sustaining drug economies within the region. There are also some signals to suggest that drug production, particularly captagon, is becoming a more important source of finance in Syria and is associated with growing operational alliances between networks in Syria, Libya and Lebanon. As such, a growing threat exists that drug production and trafficking will exacerbate future security challenges in the region as a whole and potentially fuel increased levels of domestic drug consumption.

The central location of Syria within the Middle East and North Africa region facilitates trafficking of illicit substances east, towards the Persian Gulf, and west towards Europe and North Africa. The Syrian conflict is also reported to have driven heightened levels of domestic drug use, due to rising availability of drugs as well as trauma faced by combatants and civilians impacted by the conflict.

In Libya, prolonged conflict is thought to have facilitated the expansion of drug trafficking while also placing citizens under severe stress, which could potentially increase the demand for illicit substances. The drug economy in the country has been substantially impacted by the 2019-2020 war. The war reorganised the political landscape, concentrated power in some areas, and facilitated the development and use of new trafficking routes. This has had implications for creating new opportunities for drug flows from west to east across the region.

The drug economy also provides an opportunity for income generation for some of the armed forces or groups involved in conflicts in the region. The participation of some of these groups in drug production and trafficking activities appears to have resulted in violence associated with drug market activities and more generally poses a threat to security. In Libya, for example, some actors involved in the conflict have been reported as cooperating with criminal networks to generate revenue from drug trafficking. This in turn helps consolidate their position within the country, creating a vicious cycle which shows no sign of abating (Micallef and Reitano, 2017; Shaw and Mangan, 2014). In Syria, production of captagon has also been reported to be linked to some armed factions and other actors with alleged connections to the government (Rose and Soderholm, 2022).

More generally, drug trafficking activities have resulted in some reports of violent clashes between state security forces and criminal networks. Along the Jordanian border with Syria, for example, there have been serious clashes reported between security forces and captagon traffickers (Al Muheisen, 2021). Sporadic violent events linked to trafficking have also been reported on Israel's border with Egypt and on the border between Algeria and Morocco. Although there is a perception that these types of events may be getting more common, it is also important to note that drug trafficking in the ENP-South region is broadly marked by its comparatively low level of violence.

Expansion of the activities and presence of criminal networks

It appears that over the last decade, increased levels of drug production, trafficking and drug use have had a negative impact on governance, security and the rule of law in the ENP-South region. This has also highlighted the challenges faced by many states in the region to respond to the growing challenge presented by drug market activities.

Part of the reason for this is that criminal networks are thought, to varying degrees, to have infiltrated state structures in many countries in the region. This has weakened institutional independence and thus enabled drug market activities through the creation of a state-crime nexus where the participants can include intelligence, military and law enforcement actors, as well as high-level business and political elites. Bribes as well as coercion are apparently being used to directly influence actors in the security and financial sectors. In some cases, criminal networks are reported to have exerted a negative influence on both the press and the judiciary through their alliances with political, military, security and business figures. This appears to have resulted in an increasing problem of officials ignoring the activities of criminal networks linked to the drug market. This may be due to direct pressure or inducement or because they are working in a system where they feel that a more proactive approach may not be supported by their hierarchy.

The financial returns that involvement in the drug market can generate appear to also be contributing to a situation in which criminal actors are thought to represent a growing challenge to economic stability and security in some countries in the region. Increased involvement by various criminal networks in the drug trade, and the income generated through such activities, were viewed by most key informants as having increased the influence, reach and interconnection between different criminal actors operating in the region.

Rising drug production, for example, is thought to have been one of the factors fuelling criminal activity – including actions by the armed forces – in Syria and, to a lesser degree, Lebanon (COAR, 2021). In some instances, this is reported to have led to previously unknown individuals or criminal networks rapidly assuming a more important role in local or global drug trafficking activities (Hubbard and Saad, 2021). In Jordan, the reach of trafficking networks appears to have grown, with new trafficking routes emerging in areas where it may be difficult for government forces to operate. Key informant interviews suggest that in some areas in the country, for example, drug trafficking groups have established strong relations with local tribal actors. This is reported as acting as a deterrent to law enforcement activities because of the threat of retaliation.

The domestic distribution of drugs is, however, probably the area where the power of criminal networks has grown most rapidly. In Israel, for example, some well-known criminal networks previously involved in other areas of illicit activity appear to have benefited from rising sales of drugs (GI-TOC, 2021). Competition between these actors, and with other smaller groups, in recent years appears to have also resulted in more violence associated with drug market activities, leading Israel to declare gang-related violence as a national emergency (Chafets, 2021; GI-TOC, 2021). Despite this, drug-related violence overall in the region appears to remain relatively rare, even if many key informants believed it was a growing problem.

There also appears to be greater connectivity between criminal networks based in the ENP-South region and those based in other geographical areas, including Europe. In some cases, this appears to be linked to a more general expansion into the international arena of criminal networks originating in the region. In Israel, links have been reported between Israeli and Colombian, Mexican and Japanese criminal networks (Australian Federal Police, 2021; Breiner, 2020; Ford, 2021; Jabali-Nash, 2011; Khalil, 2020; Stuff, 2017; Tremlett, 2001). Similarly, in Morocco and Tunisia, foreign criminal networks active in the drug market are thought, at least to a limited degree, to have established an operational presence. Key informants suggested, for example, that Latin American, Italian and Balkan criminal networks now have a presence in Morocco, and there also appears to be a limited presence of Italian and French networks in Tunisia.

Criminal networks also sometimes exploit diaspora communities (predominantly in Europe) to facilitate drug market activities. Diaspora members, for example, may act as facilitators between networks on both sides of the Mediterranean for drug trafficking activities. A notable example of this is the 'Mocro' Mafia, a loose collection of crime groups founded by first- and second-generation Moroccan migrants in Europe. These groups are believed to have maintained close relations with Moroccan criminal networks involved in the trafficking and distribution of cannabis resin to Belgium and the Netherlands (Dahlkamp et al., 2021; Gormezano, 2021).

The Mocro Mafia are also thought to have played a role in increasing the involvement of Moroccan groups in the cocaine trade (Holligan, 2019). This group has been

reported as being involved in cocaine trafficking activities in the ports of Antwerp and Rotterdam, both of which are important cocaine entry points for the European market (EMCDDA and Europol, 2019; Het Parool, 2020). The port of Antwerp in particular is currently regarded as one of the largest cocaine importation points in Europe, and trafficking activities there have been linked to five Moroccan criminal groups (EMCDDA and Europol, 2022a; Verplancke, 2020).

Overall, this points to one of the challenges posed by developments in drug trafficking to the ENP-South region: networks involved in the trafficking of drugs are now often part of a broader international supply chain that facilitates the import, transit and export of drugs as well as being involved in the domestic sale of drugs. The individual responses of states to the different challenges associated with the more transnational aspects of drug markets tend to lack integration at the regional level, and domestic responses can be undermined by corruption and the penetration of criminal networks into political and security structures.

Cannabis

Production

Cannabis production appears to take place, at least to some limited degree, in most countries in the region. Historically, the production of illicit drugs in the ENP-South region has been dominated by cannabis cultivation for the production of cannabis resin in Lebanon and Morocco, largely for onward trafficking and distribution in the EU or to markets in the Middle East.

In both countries, most cannabis cultivation has taken place in economically disadvantaged regions, with cannabis production historically representing an important source of income for some groups in Lebanon's Bekaa Valley and Morocco's Rif Mountains, where it has arguably played a role in supporting social stability in these areas. Despite some highly publicised eradication and law enforcement campaigns, it has been suggested that due to cultivation being such an important source of income, governments have appeared at times hesitant to suppress it. More generally, and to some extent reflecting developments taking place elsewhere in the world, discussion is also currently ongoing that may lead to changes in the regulatory and legal approach taken to some forms of cannabis cultivation in these areas (see the box 'Conditional legalisation of cannabis cultivation in Lebanon and Morocco').

Morocco appears to have the largest area for cultivation of illicit cannabis in the region (Figure 1). However, official reports point to a long-term reduction in the area under cultivation. In 2019, the most recent year for which official data were available, Moroccan farmers were estimated to cultivate around 21 000 hectares of cannabis, down from 47 500 hectares in 2017 (UNODC, 2021a). However, this

FIGURE 1
Cannabis cultivation areas in Morocco

reported decline in the area under cultivation is not thought to have necessarily led to a reduction in cannabis resin production volumes. This is due to the growing adoption of cannabis hybrid strains that produce significantly higher yields (Chouvy and Afsahi, 2014) and appear to be associated with an increase in the THC ([6]) content of cannabis resin produced in this area. It is noteworthy that the average THC content of cannabis resin seized in the EU has increased in recent years and is now high by historical standards. A large proportion of the cannabis resin seized in the EU is likely to have originated in Morocco.

In Algeria, where most cannabis production serves the domestic market, there is substantial annual variation in seizure levels, probably reflecting the success, or otherwise, of interdiction efforts over time (ONLCDT, 2011; 2012; 2013; 2014; 2015; 2016; 2017; 2018; 2019; 2020; 2021). However, there is no evidence to suggest any substantial increase in production since 2019.

In Libya, cannabis cultivation appears to remain relatively uncommon, with any production taking place intended for the domestic market. However, the 2019-2020 war for Tripoli is reported to have facilitated an increase in farm-level cannabis production intended for sale on the local market in the greater Tripolitania area, the Western Mountains area, and the Fezzan region in the southwest of the country. There is little evidence available currently to suggest that cannabis production is taking place in the east of the country.

In other countries of the ENP-South region, illicit cannabis cultivation is reported to have expanded, driven by a variety of mostly local factors. Lebanon remains an important cannabis cultivator in the Middle East, with recent estimates suggesting between 20 000 to 40 000 hectares of land are used for cannabis cultivation (Babin, 2019; UNODC, 2021a). Between 2019 and 2021, the country's intensifying economic crisis may have fuelled an expansion in cultivation, both because of a lack of resources for law enforcement activities and because farmers were trying to supplement their income through cannabis cultivation (AFP, 2021b). This appears to have led to a surplus of cannabis, indicated by a fall in farmgate prices for the drug (AFP, 2021b; Fitt, 2020; Hubbard, 2020; Khoder, 2019).

In Syria, cannabis cultivation is thought to have expanded since the start of the conflict in 2011 (Figure 2). By 2021,

([6]) THC (tetrahydrocannabinol) is the main psychoactive substance in cannabis.

Conditional legalisation of cannabis cultivation in Lebanon and Morocco

The past decade has seen changes in the legal framework of some forms of cannabis cultivation in Lebanon and Morocco. While these changes have not yet been fully implemented, their possible impact on the cannabis market has raised a number of issues. Among these is that the transition from criminal to legal cultivation with permissible but low levels of THC concentration may result in the co-existence of licit and illicit crops, complicating or possibly even undermining efforts to identify and eradicate illicit cultivation.

Lebanon

In April 2020, Lebanon's parliament approved a law legalising the cultivation of cannabis containing less than 1 % THC for medical and industrial use. The law also made provisions for the establishment of a regulatory body and detailed licensing criteria for different stages of production, such as the importation of seeds and juvenile plants, planting and harvesting. These criteria prevent anyone with a criminal record from obtaining a licence, which may exclude many farmers in the Bekaa Valley, where prior offences are relatively common among those involved in cannabis production. In addition, much of the cannabis currently grown in Lebanon is thought to exceed the 1 % THC threshold, complicating efforts of existing farmers to become involved in the programme (Hubbard, 2020). At the time of writing, the impact of the new law on illicit production remains unclear.

Morocco

In August 2021, the legal provisions for the cultivation of cannabis for medical, cosmetic and industrial purposes and industrial use were established. As of July 2022, the law (legislation 13-21) is yet to be approved by the King of Morocco and has not been put into effect. It can, however, be seen as responding to longstanding demands by farmers and political authorities in northern Morocco and could potentially offer advantages to farmers over involvement with the illicit market.

FIGURE 2
Cannabis cultivation in Syria and Lebanon

cultivation was reported throughout the northeast, northwest, southwest and centre of Syria, both in areas under government control and those held by various anti-regime armed groups (Syrian Observatory for Human Rights, 2021a, 2021b, 2021c).

In Israel, illicit cannabis cultivation is reported to have increased between 2019 and 2021, due in part to the tightening of border security in the country and the construction of a fence along the Egyptian border, which, by limiting trafficking, is thought to have stimulated domestic production (Lamers, 2020; Singer, 2021). Tightened Israeli border security with Egypt has also been linked to rising cannabis production in Palestine, particularly in the West Bank (Abdel-Hamid, 2019; Al-Afifi et al., 2019; Melhem, 2017).

Trafficking

Most established cannabis trafficking routes in the region originate in the main illicit cultivation areas in Lebanon, Morocco and Syria. Herbal cannabis and cannabis resin are the substances most trafficked in the ENP-South region, with routes transecting almost every country in the region.

The COVID-19 pandemic and associated restrictions to movement appear to have had only a relatively limited impact on herbal cannabis and cannabis resin trafficking routes, despite the enhanced border security provisions put in place. Trafficking groups did not appear to have been seriously disrupted by any new measures put in place. Although some countries reported a temporary reduction in drug trafficking activities in the early months of the pandemic, it is believed that activities soon recovered. In some countries, however, heightened internal mobility controls appear to have led to re-routing of trafficking, particularly from overland to maritime routes. However, this is a trend that preceded the COVID-19 pandemic, as

increased security measures generally introduced at land borders in recent years have led to increased importance of maritime cannabis trafficking routes.

It is believed that cannabis resin trafficking in the ENP-South region may be using new routes through West Africa to evade security force presence, or as a response to insufficient capacity on established routes. In Libya, for instance, it has been suggested that maritime trafficking has increased to such an extent that existing ports appear saturated, leading traffickers to search for alternative routes.

Shipments from Morocco to southern Europe

The main cannabis trafficking route from Morocco is from northern areas, and to a lesser degree from the south-central coastal area, directly to Europe (Figure 3). The shipments depart from northern ports and beaches, and head mainly to Spain but also to France and Portugal. A small amount of trafficking also appears to occur through Agadir and other ports in the centre of the country, reportedly driven by heightened security controls linked to COVID-19 movement restrictions in northern Morocco (Eljechtimi, 2020).

Across the Sahel towards Libya

Cannabis resin produced in Morocco may also transit overland across the Sahel towards Libya (Figure 3). However, this route is thought to have become less attractive to traffickers in 2020 and 2021. Increased tension between the Polisario Front (Frente Popular para la Liberación de Saguía el-Hamra y Río de Oro) and the Moroccan government led to impediments in movement, and the coup d'état in Mali appears to have disrupted established relations between security actors and traffickers and led to a surge in seizures, impacting the volume of resin trafficked along this route (Herbert and Fereday, 2021; UN, 2021).

FIGURE 3
Cannabis trafficking routes in North Africa

Through the Morocco-Algeria border to multiple destinations

Other routes move from cultivation points in Morocco to the Algerian border. Trafficking across the Morocco-Algeria border is thought to mainly occur in the north between Figuig and Saidiya, and Naâma and Béchar, and slightly further south, moving through Tindouf (AFP, 2021a; Herbert and Gallien, 2020a). Once in Algeria, cannabis resin is moved east. Some is destined for major urban areas, such as Oran and Algiers, either for sale on the domestic market or to be loaded onto ferries going to Europe. Other shipments appear to move further east towards the Tunisian or Libyan borders (Herbert and Gallien, 2020a).

Cannabis resin arriving in Tunisia through Algeria is reported to be transported to local markets in Tunis and coastal tourist areas, or to Europe along the country's northern shore (Herbert and Gallien, 2020b). Quantities destined for onward transport to Libya are transported along the north-south highway to the Libyan border (Herbert and Gallien, 2020a). A smaller proportion of resin transiting through Algeria is smuggled directly into Libya, through overland routes in the vicinity of the Algerian city of Debdeb and on to the Libyan border city of Ghadames, or deeper south through Illizi province in Algeria and on to the Libyan town of Ghat (Herbert and Gallien, 2020a).

Once in Libya, some shipments appear to be moved further east into Egypt, and in some instances from there across the border into Israel, either by the Nitanza and Taba crossings or over the border fence separating the two countries (Gross, 2021; Hartman, 2013; Hartman and Okbi, 2014; Rosenberg, 2017). Other shipments are destined for Europe and moved to coastal areas, such as the city of Tobruk.

Eastbound along the Mediterranean coastline

Trafficking from Morocco also moves along the North African coastline. Shipments appear to be moved to vessels stationed just offshore and sail east through Moroccan, Algerian and Tunisian territorial waters (Herbert and Gallien, 2020a). Large cargo vessels are reported have been used in such smuggling in the past, but fishing and leisure vessels are thought to be more commonly used because of the large number of vessels of this type present in these waters. Some shipments are reported to be handed over to local networks in Algeria and Tunisia by ship-to-ship transfer or are deposited offshore. The resin is packed into sealed plastic bags and sometimes further stuffed into car tyres, a method known in Tunisia as Ajal (meaning wheel in Arabic). Each tyre can contain up to 20 kilograms of cannabis resin and in some cases larger quantities of other substances such as cocaine.

Other shipments transit directly to Libya, where the protection apparently enjoyed by criminals allows shipments to be processed regularly through formal ports, particularly in al-Khums and Tobruk in the east. Ship-to-ship transfers and deposits offshore are also reported to be occasionally used.

Lebanon-Syrian cross-border trafficking

Trafficking routes originating in cultivation zones in Lebanon and Syria appear equally diverse (Figure 4). One

FIGURE 4
Cannabis trafficking routes in Lebanon, Jordan and Syria

main set of routes runs across the Syria-Lebanon border, moving cannabis grown in the Bekaa Valley into Syria for onward transport overland to Jordan and Iraq, or through Syrian ports to markets outside the region. Nearly all shipments out of the country seem to involve cannabis resin, although there is some internal distribution and consumption of herbal forms of the drug. Cannabis may also flow in the opposite direction with some Syrian cannabis believed to be trafficked into Lebanon for onward movement through its ports (Bulos and Yam, 2020; COAR, 2021). There also seems to be some trafficking of herbal cannabis, primarily to Iraq and Jordan. Like Lebanon, there is substantial consumption of herbal cannabis in Syria, highlighting that internal trafficking of that form of the drug is important to criminal networks in the country.

Several important cross-border routes have been identified, including the Shebaa and Rakhlah crossings around Mount Hermon, the Masnaa crossing on the Beirut-Damascus road, and the crossing between the Syrian town of Serghaya and the Lebanese town of Maarboun in the Bekaa Valley (Adal, 2021; Arbid, 2017; Ezzi, 2020). The Syrian town of al-Qusayr and the broader western Qalamoun region have emerged as important drug production and trading points in recent years, raising the likelihood that trafficking also occurs along the road linking it to Qaa in Lebanon (Boulos, 2021).

Overland routes towards Jordan and Iraq

Once in Syria, trafficking routes appear to spread either south-east, towards Jordan (similarly to captagon trafficking), or east towards Iraq, often by the al-Bukamal border crossing (Adal, 2021; Kittleson, 2021). In the north, shipments of cannabis resin are trafficked across the border in Al-Hasakeh governorate's Ya'robiyah district (COAR, 2021). However, it is unclear if the drugs trafficked are grown locally in Syria's north-east, or are transported there from cannabis growing areas in western Syria or Lebanon.

Maritime routes from Lebanon and Syria

There are signals of substantial maritime trafficking of cannabis and cannabis resin from Lebanon and Syria. In Lebanon, most trafficking departs from the port of Beirut, although some trafficking is also reported to be channelled through the northern port of Tripoli (Euronews and AP, 2021; Kotcherga, 2017). Shipments are typically hidden in larger licit commercial or industrial cargoes, and mostly head towards Cyprus, Egypt, Libya and Türkiye, destined for the Middle East and Europe (INCB, 2018, 2020).

There are also some signals of a new route emerging through West Africa through ports such as Lomé or Cotonou, over the Sahel, and into eastern Libya (GI-TOC, 2021). From there, shipments may be dispatched to Egypt or Europe.

In Syria, maritime trafficking is reported to depart primarily from the ports of Latakia and Tartous. Similar to drugs trafficked from Lebanon, substances are often hidden within large, licit commercial shipments. In some cases cannabis resin and captagon have been shipped together, as illustrated by a number of seizures in Greece (three million captagon tablets and six tonnes of cannabis resin at Port Heraklion in December 2018; see Reuters, 2018), Italy (one million captagon tablets and 2 800 kilograms of cannabis resin at the port of Salerno in June 2020; see Amante, 2020), and Egypt (eight million captagon tablets and eight tonnes of cannabis resin at Port Said in January 2021; see El Sawy, 2021). Such patterns suggest an association between captagon and cannabis resin production and smuggling operations.

Southward overland routes from Lebanon

An overland trafficking route runs east from Lebanon to Israel despite the heavy militarisation of the border. A key trafficking zone is the north-eastern Alawite town of Ghajar (Figure 4). Drug traffickers appear to have exploited the town since the end of the 2006 Israel-Lebanon war, using it as a point through which to move cannabis resin into Israel (Jerusalem Post, 2021a; The Times of Israel, 2019b; Yaakov, 2012). Another zone that saw recurrent seizures in 2021 is nearby Metula, suggesting the continued importance of the area for trafficking (Ahronheim, 2021; Fabian, 2021a, 2021b).

Availability and use

Available data and key informant interviews suggest that cannabis, particularly cannabis resin, is the most widely available and used substance in the ENP-South region (Abazid et al., 2020; MedSPAD, 2014a, 2016, 2018a; WHO, 2017).

A lack of recurrent surveys in the region prevents claims of rising prevalence from being assessed quantitatively. However, there is a widespread perception in the region that use of herbal cannabis and cannabis resin has grown in recent years (GI-TOC, 2021). This trend, although predominating in urban areas, is also reported to be seen in rural areas. A possible exception appears to be northern

Syria, where some field reports suggest that demand for cannabis may have reduced as the popularity of stimulant drugs, such as captagon tablets and methamphetamine, has grown (Abu Shams and Hammadi, 2020).

Although some localised shortages of cannabis were reported by key informants between 2019 and 2021, including in southern Algeria and Israel, this appeared to have an impact on trafficking and production patterns rather than leading to a decline in use (Singer, 2021). The prevalence of cannabis use in the region is reported to have been increasing before the COVID-19 pandemic, and the perception is that this situation has not changed since then.

Data on emergency department presentations with acute toxicity from sentinel hospitals in Algeria, Israel and Tunisia, while not representative and reporting on only a small number of cases, show that cannabis is frequently identified in acute toxicity presentations (see the box 'Emergency department presentations with acute drug toxicity', page 35).

Some data are available on the prevalence of use of cannabis among adolescents, but comparisons are hindered by the use of different methods and so caution is needed in the interpretation of results. Based on MedSPAD data (2019) on the prevalence of substance use among adolescents in 13 countries in the Mediterranean region (see the box 'Mediterranean School Survey on Alcohol and other Drugs'), the prevalence of lifetime cannabis use was reported as 13.1 % on average (boys, 16.2 %; girls, 10.4 %). The ENP-South region countries report lower lifetime prevalence ranging between 4.3 % in Egypt and 14.8 % in Israel for boys, and 0.8 % in Egypt and Tunisia and 4.5 % in Israel for girls.

Mediterranean School Survey on Alcohol and other Drugs

The MedSPAD project is set up, designed and funded by the Pompidou Group of the Council of Europe. This project, which is an adaptation of the European School Survey Project on Alcohol and Other Drugs (ESPAD), aims to build capacity and develop effective tools for monitoring youth substance use and risk behaviours in countries of the southern Mediterranean region. MedSPAD school surveys targeting 16-year-old adolescents in school have been carried out in five countries of the ENP-South region: Algeria (2016); Egypt (2016, 2020); Lebanon (2008); Morocco (2009, 2013, 2017, 2021); and Tunisia (2013, 2017, 2021).

In addition to country reports, a MedSPAD report published in 2019 combines raw data from national surveys estimating the perceived availability of substances, early onset of substance use, and prevalence of the use of alcohol, tobacco and illicit drugs. Thirteen countries in the Mediterranean region contributed to this report: Algeria, Croatia, Cyprus, Egypt, France, Greece, Israel, Italy, Malta, Morocco, Portugal, Spain and Tunisia. Data from Israel were drawn from the 2019 Health Behaviour in School-age Children report.

The data, while valuable, need to be interpreted cautiously as national data sets were compiled in different years, using different sampling types and, in the case of Israel, different survey questionnaires.

MedSPAD available at: https://www.coe.int/en/web/pompidou/mednet/medspad.

Captagon and other amphetamines

Production

The ENP-South region is a production area for amphetamine, particularly in the form of captagon tablets ([7]). Production appears to be overwhelmingly concentrated in Syria (Figure 5). Available data mostly based on seizures of shipments from Syria, and largely destined for the Gulf States, suggest that production may be increasing, but existing data are not sufficient to confirm this assumption. Production is also thought to have diffused to some extent to Lebanon and possibly Jordan, although the latter appears to remain a relatively minor producer at present. Taken as a whole, the information available suggests that captagon production and trafficking linked to state and non-state actors is becoming a growing threat in the region, with the potential to exacerbate existing security related challenges. This requires ongoing assessment and appropriate follow-up measures.

In Syria, most captagon production is thought to be concentrated in regime-controlled areas, in particular in Tartous and Latakia, around Damascus and Eastern Ghouta, and in Homs, Aleppo and al-Qusayr governorates (Dettmer, 2021; Rose and Soderholm, 2022). Some production is also reported to take place in areas in which non-state armed groups are dominant (Hubbard and Saad, 2021).

It is possible that, from 2011 onwards, the conflict in Syria had an impact on captagon production, although this is difficult to substantiate empirically. However, the combination of weak jurisdiction, increased demand by combatants or conflict-affected populations, and various factions seeking to generate funds may all have resulted in a greater incentive to increase production of captagon (EMCDDA and Europol, 2016; GI-TOC, 2016; Rose and Soderholm, 2022). There are also signals from non-public sources that production of captagon in the country has increased, possibly substantially, in recent years with the

([7]) Originally, Captagon was the main brand name for a medicinal product containing fenetylline as its active ingredient. It is no longer produced today or used for therapeutic purposes. In this report, the term captagon is used to refer to illicitly produced tablets that are described as captagon, and not to the original pharmaceutical product.

FIGURE 5
Captagon production in Syria and neighbouring countries

increased involvement of some state actors, and business and political elites. There is a suggestion that drug production is not only becoming more important as a source of income within Syria, it is also encouraging the formation of operational alliances with groups in Libya and Lebanon.

In Lebanon, the production of captagon appears to be growing, both in the Bekaa Valley and to a lesser degree in urban coastal areas (Figure 5). A large facility in the Bekaa Valley town of Hor Ta'la was reported to have been raided by the Lebanese Army in August 2021 (Taha, 2021). A former chief of the anti-narcotics department of the Lebanese Internal Security Forces stated that around 20 large-scale captagon production facilities exist in Lebanon (Arab News, 2021). There is also some evidence of more small-scale, artisanal production, strongly suggesting that the number of production locations could be higher overall (Browne, 2021).

Some methamphetamine production has also been reported in the region, mostly located in Lebanon and Palestine. In Lebanon, organisations providing harm reduction services to people who use drugs report that their clients indicate that crystal methamphetamine is increasingly produced in Beirut, Tripoli and Baalbek. In Palestine, between 2019 and 2021, four methamphetamine laboratories were discovered and dismantled (Palestinian Police – Drug Enforcement Administration, 2019; UNODC, 2021b). However, production in the territory is believed to be limited, with the dismantled facilities being regarded as 'primitive' and capable of producing only small quantities of the drug.

Trafficking

Trafficking routes for amphetamine, and to a far lesser degree methamphetamine, appear to be mainly concentrated in the eastern areas of the ENP-South region. Mostly, they concern the movement of captagon tablets from Syria and Lebanon to consumer markets in the Persian Gulf (Figure 6). Such trafficking appears to be fairly robust, with little indication that the COVID-19 pandemic or conflict dynamics within Syria have had an impact on the activity.

Overland routes

Trafficking from Lebanon to Syria typically involves overland transport through the Qalamoun Mountains in a similar manner to the cannabis trafficking described above (Odeh et al., 2018). There are also reports of some trafficking through formal border crossings, in particular the crossings at Shebaa, Rakhlah and Masnaa, and between the Lebanese town of Qaa and the Syrian city of al-Qusayr (Adal, 2021; Arbid, 2017; Boulos, 2021; Ezzi, 2020).

Three main overland routes are reported to be used to traffic captagon tablets from Lebanon and Syria to the Persian Gulf (Figure 6). These routes start from eastern Syria, where production is concentrated and where shipments from Lebanon are believed to be stored (Eid and al-Sayed, 2021; Odeh et al., 2018).

One route goes from eastern Syria to Jordan and then either to Iraq or Saudi Arabia. Along the Syria-Jordan border, trafficking is reported to occur in a number of formal and informal crossing points. The Jaber-Nasib crossing located on the Damascus-Amman highway in Mafraq governorate has emerged as a key point for traffickers. It is interesting to note in this context that within 24 hours of the crossing's re-opening in August 2021, Jordanian authorities seized 500 000 captagon tablets hidden inside a commercial shipment (Middle East Monitor, 2021). Trafficking of captagon through Jordan is now considered a major cross-border threat by security officials within the country and has been linked to an increase in domestic drug use.

Once in Jordan, shipments of captagon tablets are moved east towards the Saudi and Iraqi borders, or south to the Wadi Araba region on the Israeli border (Oweis, 2021). Trafficking to Saudi Arabia occurs through formal border crossings (al-Qaisi, 2020; al-Sulami, 2017; Jordan News Agency, 2018; Jordan Times, 2016) or overland through remote areas and typically using off-road vehicles (Albawaba, 2019).

Another overland route links to Iraq, following a similar pattern to that of cannabis resin (Rahima et al., 2022). At the Syria-Iraq border, shipments move both through the al-Bukamal border crossing and overland, towards the Iraqi city of al-Qa'im and town of Rutba (Adal, 2021; Kittleson, 2018, 2021; Syrian Observatory for Human Rights, 2021b).

A third key route runs through Syria's northern border with Türkiye, although the volumes are not thought to be particularly large at present. The Turkish border was a popular route for captagon trafficking in the early 2010s, but heightened border security enforcement – particularly at formal border crossings – limited its use (COAR, 2021). A degree of trafficking continues, however, with occasional large seizures reported (Anadolu Agency, 2020).

FIGURE 6
Major captagon trafficking routes in Syria and neighbouring countries

There are some indications of captagon trafficking in other regions. Some reports suggest that Lebanese traffickers may be using West Africa as a transit location for captagon shipments. In January 2022, 12 tonnes was shipped in boxes of powdered juice to Sudan. In the same month, a substantial quantity of captagon tablets was hidden and mixed in tea boxes destined initially for Togo (Houssari, 2022). Given the fragility of the states in these regions and the historical cross-Sahel trafficking of Moroccan cannabis, the use of this route could increase in the near future. There is also some trafficking between Palestine and Israel (Witty, 2021).

Maritime routes

In addition to overland routes, substantial maritime trafficking of captagon tablets has been noted over the last five years either from the Syrian ports of Latakia and Tartous or the Lebanese port of Beirut. While the ultimate

destinations of these shipments are countries along the Persian Gulf, some shipments have been uncovered quite far afield, suggesting the existence of circuitous routes possibly intended to limit the risk of detection. There has been a noticeable uptick in large shipments of captagon tablets uncovered in ports in Egypt, Greece, Italy, Saudi Arabia, the United Arab Emirates, and even outside of transit routes in Myanmar's port Klang (Barzoukas, 2017; Rose and Soderholm, 2022). Captagon tablets are typically hidden within large containers of licit goods. Recent examples include pomegranates, grapes, oranges, professional pizza ovens and household appliances (Al Jazeera News, 2021).

Availability and use

There is a perception that the availability and use of amphetamine and methamphetamine appear to be rising overall in the ENP-South region, although this dynamic is not evenly distributed across countries, with most of the use occurring in the eastern countries of the region. Apart from Syria, regular use remains relatively limited in most countries despite possible production in Syria and Lebanon and the presence of trafficking routes existing in Jordan and Libya.

Captagon tablets are reported to be readily available throughout Syria. Tablets can be acquired through local dealers, warlords, commanders of armed forces and groups involved in the conflict, but can also be found in some pharmacies.

In Jordan and Lebanon, the use of captagon tablets is reported to remain quite limited but possibly rising. In Lebanon, for example, key informants suggest use is mainly reported among armed groups near the Lebanon-Syria border, although there are indications of rising use in some Palestinian refugee camps (Papadopulos, 2021). A similar dynamic is observed in Libya, which has seen substantial trafficking in recent years, and where prevalence of use is thought to be mainly limited to combatants and in the east of the country. Seizures of captagon tablets in the West Bank suggest there may be a small consumer market there and in the Gaza Strip.

There also appears to be a growing market for methamphetamine in the ENP-South region; however, as with captagon tablets, this appears currently to be mostly concentrated in the Middle East. In Lebanon, there were some accounts that locally manufactured crystal methamphetamine seems to be gaining greater market share, although overall its use is still reported to remain uncommon. In part, this has been linked to people who turn to methamphetamine when they are no longer able to afford cocaine.

In Syria too, rising methamphetamine use is also reported, particularly in the eastern provinces in Homs and Palmyra. The drug is reported to be smuggled there both from Lebanon and Iran (NPA, 2015). In Jordan and Palestine, the use of methamphetamine is also believed to be increasing, fuelled both by domestic manufacture and some cross-border trafficking. However, in both countries use is thought to remain uncommon overall.

In Libya, use of liquid methamphetamine (known locally as kotcha, deriving from the Italian word goccia, meaning drop) was popular in the immediate aftermath of the revolution but has since apparently declined. There is also a reported increase in use of crystal methamphetamine in the Libyan capital Tripoli, part of a broader rise in drug use in these areas that also encompasses amphetamine and MDMA (Aaraj et al., 2021; Papadopulos, 2021).

Cocaine

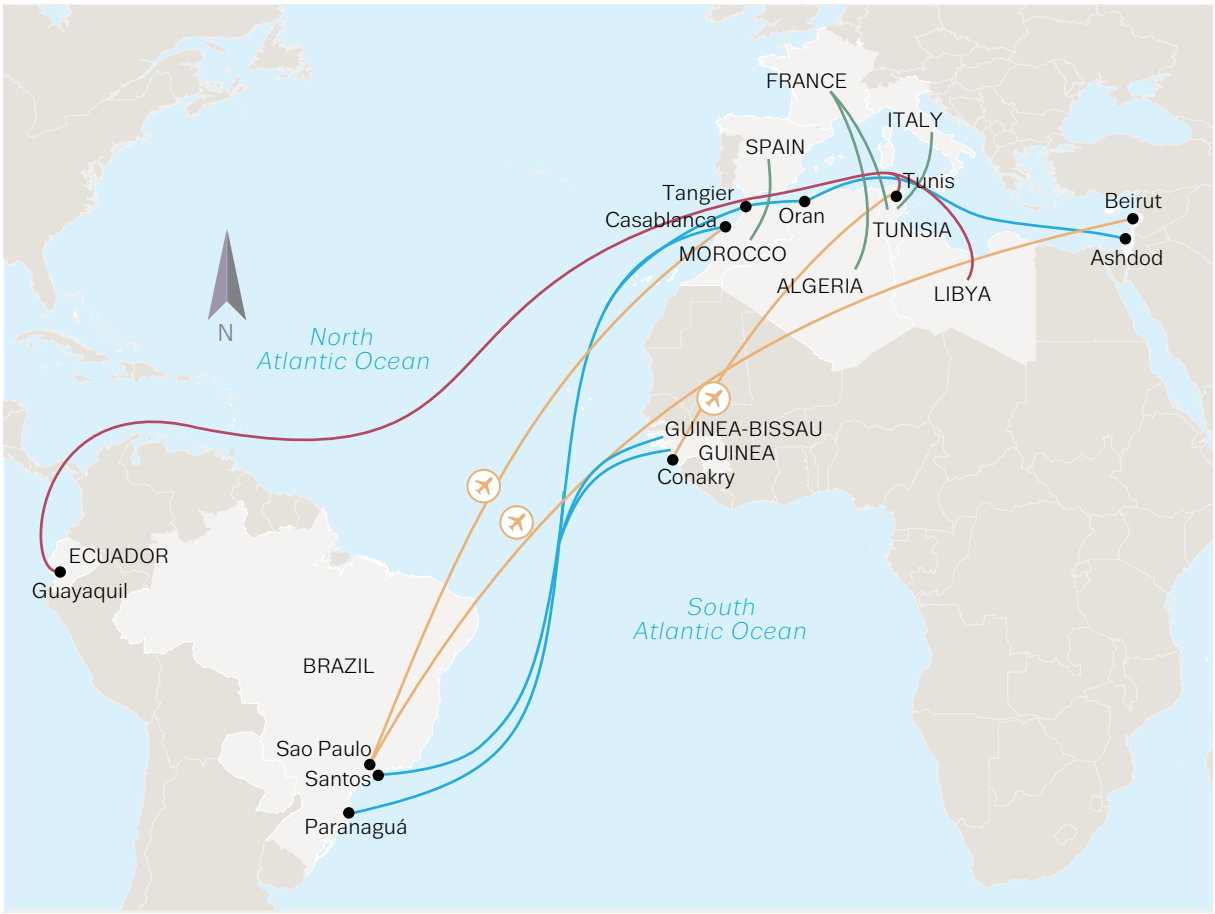
Production

Coca cultivation has not been found in the ENP-South region, and there are no data to suggest this occurs. Cocaine is trafficked through the region, however, and there is the perception that a growing market for this drug may exist in some countries. In Algeria, in January 2021, one crack cocaine production facility was detected (Bouarissa, 2021). While this is the only recorded case of crack production in Algeria, it is a potentially worrying signal if this drug, particularly associated with problematic use, may be becoming available. In this context there has also been a media report of the arrest of a trafficking group in Algeria who were alleged to have been distributing both cocaine and crack cocaine (El Watan, 2021).

Trafficking

Most cocaine trafficked into the region comes directly from South America, or from South America through West Africa (Figure 7). Once in the region, most cocaine is thought to move along the coast, shuttled from point to point by smaller craft, primarily fishing vessels, although some is also probably trafficked overland, along similar routes described in the cannabis section above (Herbert and Gallien, 2020a; Jewish News Syndicate, 2021; The Times of Israel, 2021). On the roads, there is some transportation from Algeria into Tunisia and Tunisia to Libya, but the volumes appear to be relatively small. Because of the closed border between Algeria and Morocco, legal crossings by road are not possible there, but small volumes are trafficked clandestinely across the border, likely by the cannabis resin trafficking networks which operate between the two countries. While

FIGURE 7
Cocaine trafficking routes from South America to North Africa



information is sparse and interpretation is hampered by the lack of recent or reliable data there are some indications, mostly from the detection of large seizures, that the importance of the region for cocaine trafficking into Europe may be growing.

The trafficking of cocaine from Europe to the region has also been reported; however, this tends to be related to small quantities of the drug carried by migrants from the region when visiting their country of origin. A few larger shipments have been intercepted (Ben Nessir, 2021; Kasraoui, 2020). Moroccan officials have also reported that vessels employed for transporting cannabis resin to Europe have on occasion returned containing shipments of cocaine and heroin.

Maritime routes

By volume, most trafficking has involved direct shipments from South America to North Africa, mainly hidden in intermodal containers carrying other licit cargoes, although sailing vessels have also been intercepted carrying cocaine on some occasions.

Much of the cocaine trafficked to Algeria and Morocco departs from Brazilian ports, in particular the port of Santos (Babas, 2019; Duarte et al., 2019; Herbert and Gallien, 2020a). However, recent seizures intercepted in the port of Paranaguá suggest that traffickers may be diversifying their embarkation points (Agência Lusa, 2021).

Recent seizures suggest that trafficking routes to Libya, and to a lesser degree Tunisia, tend to depart from the port of Guayaquil in Ecuador. Between December 2020 and December 2021, for instance, two large shipments destined for Libya and one for Tunisia linked to Guayaquil were seized by Ecuadorian or Maltese authorities (Dixon, 2021; Reyes, 2021).

A third cocaine trafficking route involving intermodal containers connects South and Central America with Israel. In 2020, a multi-tonne shipment destined for Israel was seized by Paraguayan authorities. In the same year, Israeli security forces at Ashdod port uncovered 750 kilograms of cocaine arriving from Guatemala (Delgado, 2020; Reuters, 2020; Siegal, 2021). Reports suggest there is also some intermodal trafficking of cocaine to the Syrian port of Tartous, destined for Lebanon; however, the departure point is unclear.

Most cocaine trafficked within the region appears to use the same coastal maritime routes used to traffic cannabis resin. Some shipments of cocaine have been placed in water-tight bags and thrown into the sea, sometimes with GPS trackers, to be recovered later. This has led to reports of relatively large shipments of cocaine washing up on the coast on a few occasions, in both Algeria and Israel (Herbert and Gallien, 2020a; The Yeshiva World, 2019).

Air routes

Small volumes of cocaine are also known to have been carried from South America to the ENP-South region by couriers travelling on commercial aircraft. Brazil seems to be the main point of origin, with commercial air routes from São Paolo to Casablanca, Morocco, and to a lesser extent Beirut, Lebanon, seeing routine arrests of couriers upon arrival (GI-TOC, 2016; Herbert and Gallien, 2020a; Rose, 2021).

Some cocaine trafficking from Sub-Saharan Africa to the region by commercial air travel has also been reported. Based on analysis of drug seizures between 2019-2021 undertaken by GI-TOC and supplementary reporting, examples of routes include those between Conakry, Guinea, and Tunis, Tunisia, and between Johannesburg, South Africa, and Tel Aviv, Israel (The Times of Israel, 2019a).

Availability and use

Compared with parts of Europe and the Americas, prevalence of use of cocaine has historically been very low in most countries in the ENP-South region, and this appears to remain the case today. A caveat here is that Israel and Morocco may possibly be exceptions, as some data suggest that prevalence rates are relatively higher than in other countries in the region. Limited availability of cocaine in the region accompanied by high retail prices is thought to be a factor limiting use to individuals with higher levels of disposable income.

Although some data are available on prevalence of use among adolescents, comparisons between countries need to be made with caution because of methodological differences and because both response and non-response biases are likely to be relatively high. In MedSPAD data (2019) on the prevalence of substance use among adolescents in 13 countries in the Mediterranean region (see the box 'Mediterranean School Survey on Alcohol and other Drugs', page 20), the prevalence of lifetime cocaine use was reported as 1.9 % on average (boys, 2.4 %; girls, 1.5 %). The five ENP-South region countries report lower lifetime prevalence rates, ranging between 0.7 % in Tunisia and 2 % in Algeria for boys, and 0 % in

Tunisia and Algeria and 1.1 % in Morocco for girls. Lifetime prevalence of cocaine use for Israel was not available from this study. The UNODC (2022) estimates that the prevalence of cocaine use among the general population (aged 15-64) was around 0.20 % in 2020 in Israel. Some studies have also reported relatively high values for cocaine use among adolescents. Although the data overall are difficult to compare, they do suggest that the prevalence of cocaine use, especially among younger populations, is probably higher in Israel than in other countries in the region (Benedetti et al., 2019).

In Algeria, Egypt, Morocco and Tunisia last year prevalence of cocaine use reported in adolescents in school surveys (Benedetti et al., 2019) was 0.5 %, 0.6 %, 0.4 % and 0.2 %, respectively. These are lower than the average values reported by MedSPAD for the Mediterranean region as a whole (1.7 %). The UNODC estimated that the prevalence of cocaine use among the general population (aged 15-64) in Morocco was 0.43 % in 2017, which would be the highest prevalence in the region (UNODC, 2022). However, given the overall lack of robust prevalence data and methodological differences in the studies that do exist, this suggestion should be interpreted with caution.

While there is some perception of increased availability and use of cocaine in some countries in the region, use is likely to remain relatively low in comparison with Europe or the Americas. Expert opinion data from interviews conducted for this study and some media reports and publicly available information from government sources detailing seizures of supply-level quantities of cocaine suggest the possibility that availability may be increasing in Algeria, Morocco and Tunisia; however, further data are needed to explore this possibility (Herbert and Gallien, 2020a, 2020b).

In Lebanon, the country's post-2019 economic challenges appear to have led to a significant increase in the price of cocaine, with retail prices rising from LBP 60 000-120 000 per gram (EUR 34.42-68.85/g) in 2017 (Ministry of Public Health, 2017) to LBP 1 200 000-1 600 000 per gram (EUR 696.63-928.84/g) in 2021, based on an informal price survey conducted by GI-TOC. In addition, cocaine dealers are said to demand payment in US dollars, which are increasingly difficult to access. Use of cocaine is thus thought to have decreased, potentially leading those who can no longer afford cocaine to experiment with other substances, principally methamphetamine.

In Libya, key informants suggest that use of cocaine has increased over the last decade, particularly in the northwest and northeast of the country. Use still remains mostly confined to middle classes and members of militias. Key informants also reported that attitudes towards the use of the drug were changing among some social groups, with wealthier groups beginning to see it as more socially acceptable.

Heroin and other opioids

Production

The ENP-South region has an established history of poppy cultivation and the production of heroin and other opiates. The main historic cultivation points in Lebanon and Syria, however, are no longer believed to be active. Some limited cultivation of poppies is still thought to take place in Algeria and Egypt (the latter is not covered in this report).

In Algeria, according to national reporting 12 793 poppy plants were seized between 2011 to 2021, suggesting that cultivation is relatively limited. A review of recent seizure data suggests that production has decreased, with only 83 plants seized in the first eight months of 2021 (ONLCDT, 2021). However, cultivation could be more widespread than indicated by government data. In some years, no seizures are recorded and, in others, thousands of plants have been identified. Most cultivation appears to involve small growing sites, primarily located in Adrar, Ghardaïa, Ouargla, Béchar and Béjaïa provinces (Herbert and Gallien, 2020a).

Trafficking

There is limited trafficking of heroin and other opioids to and through the ENP-South region.

In the east of the region, some heroin trafficking linked to the main Balkan route may now be branching off through Syria (EMCDDA, 2017). The routes into Syria are unclear, with some shipments thought to be entering Syria through Damascus, Aleppo and the north-western coast (GI-TOC, 2016; Kalin, 2014). There may also be some cross-border movement into Lebanon, where processing takes place before being moved back into Syria (Habash, 2021). Heroin is also supposedly stockpiled in Syria, destined for trafficking through Jordan, Lebanon and Türkiye, for ultimate resale in Europe or the Persian Gulf.

In North Africa, there is also some evidence of heroin arriving directly by the Balkan route. In Tunisia, for example, there have been several cases of couriers arrested upon arrival from Istanbul by commercial aircraft, based on an analysis of publicly available and confidential reports. Most heroin destined for the region, however, is believed to be trafficked into Morocco and Tunisia from Europe, usually by aircraft or ferry boats (MAP, 2021).

Availability and use

Use of heroin remains uncommon in the ENP-South region, but some pockets of use are reported to exist, in particular in Algeria, Israel and Tunisia. Overall, prevalence of use appears to be at a low level and relatively stable. Heroin and other opioids are primarily used by injecting (see Figure 8), which in turn is linked to a heightened risk of transmission of blood-borne infections, such as HIV and hepatitis B (HBV) and C viruses (HCV).

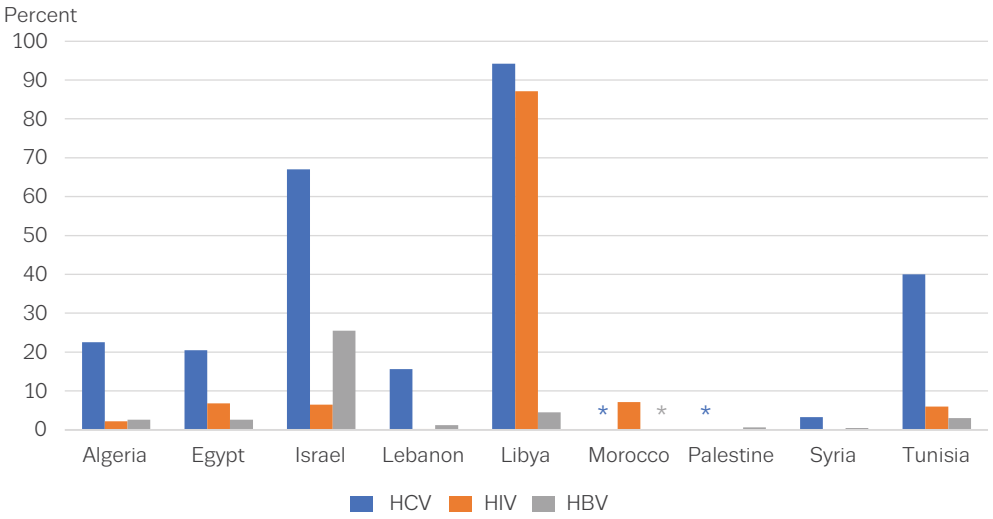
Israel reports the highest population prevalence of injecting drug use in the region (0.50 % in 2016). Expert perceptions analysed by the UNODC indicate that heroin and other opioids are, after cannabis, the illicit drugs most prevalent in the country.

Egypt reports the second highest rate of injecting drug use in the region, but the estimate is from 2001. Algeria reports the third highest rate (0.28 % in 2019); however, the available data would suggest that heroin and other opioids appear to be the fifth-most prevalent illicit drugs in the country.

Estimates of the prevalence of injecting drug use in Tunisia are now old, but it was estimated that 0.13 % of the population had injected in 2014. More recent interviews and arrest data in Tunisia point to some rural pockets of heroin use in Gafsa province. An interviewee who uses heroin indicated that the price of heroin there was relatively low, at TD 20 per gram (EUR 6.10/g), and such low prices could be encouraging use. It is of note that most of the syringes collected in Tunis and Nabeul contained residues of buprenorphine rather than heroin (see the box 'Analysis of residual content of used syringes in Lebanon and Tunisia', page 30).

Heroin use is reported to be limited in Lebanon, but the perceived poor quality of heroin on the market may be encouraging the use of larger quantities. In Lebanon, population prevalence of injecting drug use was estimated at 0.08 % in 2015, with heroin and other opioids the third-most prevalent illicit drugs, after cannabis and cocaine. The analysis of used syringes collected from Beirut detected the presence of heroin in almost half of the syringe residues, often in combination with codeine or buprenorphine, although it is not clear if the substances were used simultaneously or the syringes were reused (see the box 'Emergency department presentations with acute

FIGURE 8
Available estimates of prevalence of HCV, HBV and HIV among people who inject drugs



* Some data are unavailable for Morocco (HCV and HBV) and Palestine (HCV).
Source: UNODC estimates of people who inject drugs living with HIV, HCV, HBV, available at https://dataunodc.un.org/dp-drug-use-characteristics. Note: Country and year of estimates: Algeria: 2019 (HCV, HIV and HBV); Egypt: 2014 (HCV, HBV), 2010 (HIV); Israel: 2015 (HCV, HIV and HBV); Lebanon: 2016 (HCV and HBV), 2015 (HIV); Libya; 2010 (HCV, HIV and HBV); Morocco: 2017 (HIV); Palestine: 2010, 2013 HIV; 2010 (HBV); Syria: 2014 (HCV, HIV and HBV); Tunisia: 2016 (HCV and HBV), 2017 (HIV).

drug toxicity'). The cost of heroin appears to have risen in recent years, from LBP 15 000-30 000 per gram (EUR 8.60-17.21/g) in 2017 (Ministry of Public Health, 2017) to LBP 200 000-700 000 per gram (EUR 116.10-406.37/g) in December 2021 based on an informal price survey conducted by GI-TOC.

While there are no recent data on injecting drug use in Libya (prevalence of injecting drug use was last estimated at 0.05 % in 2001), data available from 2010 suggested there was a high prevalence of HIV and HCV infection among people who inject drugs (over 85 %).

Analysis of residual content of used syringes in Lebanon and Tunisia

A study to analyse residues in used syringes has been implemented in Lebanon and Tunisia. The study was conducted following the generic protocol established by the ESCAPE network. The ESCAPE project seeks to complement existing data by providing timely and local information on substances injected derived from the analysis of used syringes handed in to needle and syringe exchange programmes (more information see the ESCAPE topics page on the EMCDDA website). There are, however, important limitations to this method. The number of syringes collected and tested cannot be translated into a number of individual users, and therefore this approach does not measure the prevalence of injecting nor does it necessarily provide the relative prevalence of use for different substances among people who inject drugs. In addition, drug residues may degrade over time to the point of being undetectable. There may also be several potential selection biases, so caution is needed when interpreting these findings.

Sampling

A total of 101 syringes were collected in Lebanon between January and February 2022. The syringes came from three different needle and syringe programmes, one in Beirut and two in Matn district, in the Mount Lebanon Governorate in the east of Beirut.

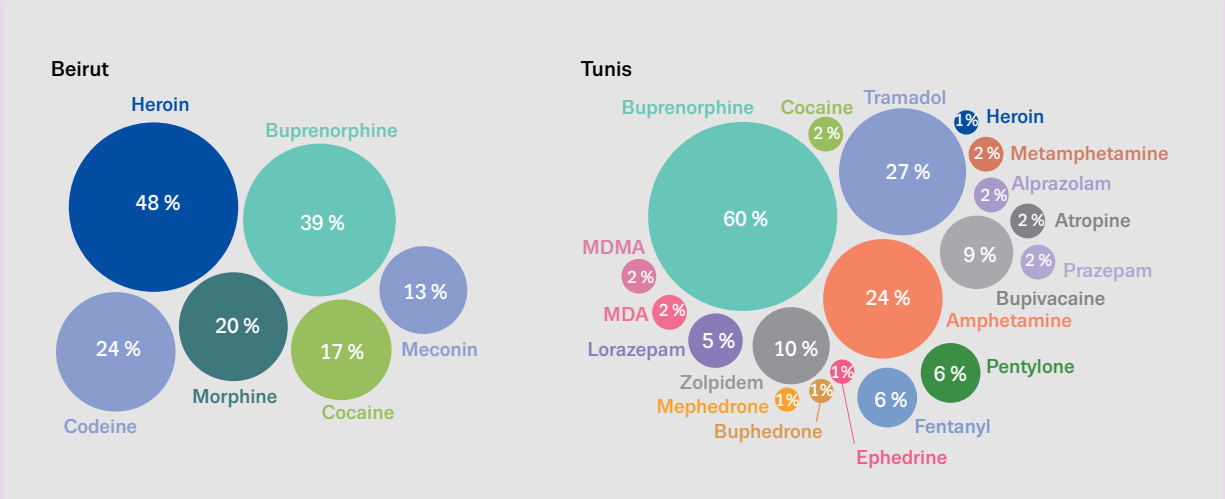
In Tunisia, 156 syringes were collected at three mobile needle and syringe units in Tunis by the Tunisian Association for Information and Guidance on AIDS and Addiction. The clients who frequent those sites are typically men aged between 25 and 35.

Analysis

In Beirut, psychoactive substances that are not considered adulterants or metabolites were detected in 46 of the 101 syringes tested. Among those, the main psychoactive substance detected was heroin (48 %) followed by buprenorphine (39 %), codeine (24 %), morphine (20 %) and cocaine (17 %). Caffeine was detected in 42 syringes (91 %) that contained one or more psychoactive substances, in combination with morphine (28 syringes) or alone (23 syringes). Paracetamol and theophylline, other cutting agents, have also been found in numerous samples, respectively 30 and 24 syringes.

In Tunis, the main psychoactive substances (except adulterants, metabolites and degradation products) detected in 124 of the 156 syringes tested were buprenorphine (60 %), tramadol (27 %), amphetamine (24 %) and zolpidem (10 %). It is of note that synthetic cathinones were also found: pentylone in eight syringes, buphedrone in one syringe, and mephedrone in one syringe. Finally, the powerful synthetic opioid fentanyl was identified in eight syringes, whereas heroin was found in one syringe.

In both cities, the analysis shows a high proportion of syringes containing more than one substance, indicating the reuse of syringes, and possibly sharing, with a risk of blood-borne virus contamination. It may also indicate the injection of a mixture of drugs.



MDMA

Production

There are some reports that low-volume MDMA production may have taken place in Algeria's urban areas, although this appears uncommon. Most reports available refer to ecstasy without forensic analysis to confirm the exact nature of the substance purportedly being produced.

Trafficking

The trafficking of MDMA into and through the ENP-South region is thought to have grown in recent years, potentially driven by increasing demand for use in recreational settings within the region. Trafficking of the drug into the region appears to originate from Europe, a main global production hub for this drug. MDMA, believed to originate from Spain and the Netherlands, has been found in small shipments by couriers in ferry boats and commercial air travel from destinations in Spain, France and Italy (Bladi, 2021; El Hamraoui, 2018; Herbert and Gallien, 2020a). There are also some reports of bulk shipments of MDMA tablets smuggled with legitimate goods (Tunisian Customs and Ministry of Interior press releases, 2019-2021; Herbert and Gallien, 2020a).

The use of international postal systems to traffic drugs from Europe into North Africa and the Middle East has also been identified. In one 24-hour period in 2018, for example, Israeli customs authorities were reported to have intercepted 38 postal shipments of illicit substances, including MDMA, cannabis, cocaine and methamphetamine, primarily coming from Spain and the Netherlands (The Times of Israel, 2018). In Tunisia, a similar report exists from Tunisian Customs and Ministry of Interior press releases, with MDMA, heroin and other substances having been found in packages sent from Europe.

Availability and use

While informants interviewed for this report perceived that MDMA use is becoming more common in the ENP-South region, there is very little empirical evidence available to support this claim. There is also a perception that the availability of MDMA in the ENP-South region has increased over the last decade, leading to a drop in retail prices and a growing market for this drug in the region. However, this is difficult to substantiate empirically.

The MedSPAD surveys (see the box 'Mediterranean School Survey on Alcohol and other Drugs', page 20) on the prevalence of substance use among adolescents estimated that 3.5 % of boys and 0.3 % of girls aged 15-17 years in Algeria have used MDMA at least once (MedSPAD, 2016). In Tunisia, lifetime prevalence rates among students were lower but had increased from 0.2 % in 2013 to 1.4 % in the 2017 survey (MedSPAD, 2018b). A study carried out in 2021 at a sentinel hospital site in Tunis in 2021 reported MDMA as the second most frequently encountered substance in drug-related emergency presentations (see the box 'Emergency department presentations with acute drug toxicity', page 35).

In Morocco, there is little empirical data on the prevalence of MDMA use, although some recent qualitative data suggest increasing use of the drug (Herbert and Gallien, 2020a). This opinion was also expressed in interviews conducted for this study, and some media reports and publicly available information from government sources also suggest this as a possibility. In the Middle Eastern countries of the ENP-South area, MDMA use appears to be highest in Israel, where seizures of MDMA in supply-level quantities continuing during the COVID-19 pandemic. It has also been suggested that use may be increasing in Jordan and Lebanon (Council of the European Union, 2015; Shehadi, 2021).

New psychoactive substances

Production

There is some evidence to suggest that the processing of a variety of NPS takes place across the ENP-South region. In Algeria, there is some processing of methylone and butylone, with laboratories appearing to have become more common since 2016. Key informant interviews in 2021 point to the eastern city of Constantine as an important area in which production may be occurring. Some production of the drug, mainly for local markets, is believed to take place in small-scale processing laboratories located in low-income neighbourhoods. Law enforcement are thought to have difficulties operating in these neighbourhoods.

In Jordan, the processing of synthetic cannabinoid products, often referred to locally as Joker, is believed to be increasing. Such products appear to be composed of a variety of chemicals, either imported through the port of Aqaba, or already available on the Jordanian market (EMCDDA, 2019). In Palestine, the demand for synthetic cannabinoids is thought to be driving increased local processing. In Lebanon, small volumes of salvia (Salvia divinorum) adulterated with other substances, mainly ketamine, are reported to be produced in Tripoli and Baalbek.

Availability and use

Existing data, although limited, are suggestive of an increase in the use of NPS within the region, with prevalence of use higher in the Middle Eastern states than in North African countries. The specific types of NPS products used differ by country and include Salvia, synthetic cannabinoids and injectable synthetic cathinones, such as methylone and butylone, as well as phenethylamines.

In Jordan, use of synthetic cannabinoids is reported to be relatively high. A recent study of patients being treated for drug-related problems found that 39 % of respondents reported use of these substances (Albals et al., 2021). Synthetic cannabinoids are inexpensive, with reports suggesting small retail quantities, such as a bundle of three ‘cigarettes’, are sold for JOD 1-3 (EUR 1.23-3.70).

Use of synthetic cannabinoids is also reported to be high in Palestine, with products sold under a number of different street names, including Joker, Mr Nice Guy and Spice/K2 (Damiri et al., 2018). A relatively high proportion of drug seizures (reportedly 27 %) in the country involved these substances (Damiri, 2020).

In Israel, there are some reports that people who experience homelessness and inject drugs switched from heroin to NPS during the COVID-19 pandemic (EMCDDA, 2020). In general, the use of a variety of NPS may have increased, including substances such as Mr Nice Guy (also known as Mastulon and Mabsuton) and Hagigat (Bonny-Noach and Ronel, 2018; Bonny-Noach and Toys, 2018; Jerusalem Post, 2021b; Mell, 2018).

Diverted pharmaceuticals

Trafficking

Trafficking of diverted pharmaceuticals in the ENP-South region is perceived to have increased significantly in recent years. Pharmaceuticals are diverted from pharmacies or hospitals in the region or trafficked from neighbouring regions, such as West Africa and Europe.

By volume, most diverted pharmaceuticals trafficked into the region arrive by maritime transportation. In Libya, for example, substantial volumes of tramadol continue to be trafficked into the country through the ports of al-Khums, Tripoli and Misurata in the west, and the port of Tobruk in the east. The drug is typically sourced in India, where it is manufactured. In 2016 and 2017, there were two large seizures of tramadol coming from India, one in Tobruk of 45 million tablets, and the other in Genoa of 4 million tablets destined for Libya (Assad, 2016; Willan, 2017). There are also indications of some ship-to-ship transfers outside Libyan waters and transport by intermodal shipping (Macri, 2017; Vella, 2020). Some diverted pharmaceuticals arrive through commercial travel or ferry boats, largely coming from Europe and linking to North African states (Herbert and Gallien, 2020a).

Within the ENP-South region, most trafficking occurs overland, although routes may differ depending on the type of pharmaceutical. Tramadol in Libya, for example, typically is trafficked east into Egypt, and from there onwards to the Gaza Strip (Micallef et al., 2021). Pregabalin, in contrast, appears to be trafficked from Libya west to Tunisia, Algeria and Morocco.

In some instances, networks trafficking cannabis resin or captagon tablets also transport diverted pharmaceuticals. On the Syria-Jordan border, authorities have reported pregabalin transported alongside these drugs (Jordan News Agency, 2021; The National, 2022). On the Morocco-Algeria border, trafficking networks sometimes barter cannabis resin (for onward trafficking to Algeria) for diverted pharmaceuticals (intended for major urban areas on the Moroccan coast) (Herbert and Gallien, 2020a).

The COVID-19 pandemic appears to have has led to a shift in some trafficking methods in North Africa. Before 2020, most diverted pharmaceuticals trafficked into Algeria went through official border crossings, typically hidden on couriers or in vehicles (Herbert and Gallien, 2020b). Based on key informant interviews, traffickers appear to have responded to border closures during the COVID-19 pandemic by moving shipments between border crossing points, employing similar techniques to those used in the trafficking of cannabis resin. An increase in trafficking overland using off-road vehicles may also be happening along the Libyan border.

Availability and use

There is a widespread perception in the region that over the last decade, the use of diverted pharmaceuticals has increased substantially. In part, this is due to changing patterns of use among youths, with both young men and women allegedly favouring diverted pharmaceuticals due to their relative low cost, availability and perceived social acceptability. Diverted pharmaceuticals are reportedly viewed by young people as easier to hide, not requiring any 'preparation' before use, and they can be stored relatively safely at home without drawing undue attention.

Although some data are available on the prevalence of use among adolescents, again, comparisons are hindered by the use of different methods and therefore caution is needed in the interpretation of results. Based on MedSPAD data on the prevalence of substance use among adolescents in school aged 15-16 (see the box 'Emergency department presentations with acute drug toxicity', page 35), the prevalence of lifetime non-medical use of medicines was 4.7 % in Morocco in 2017 (MedSPAD, 2018a), 3.4 % in Algeria in 2016 (MedSPAD, 2016) and 1.9 % in Tunisia in 2013 (MedSPAD, 2014b). In Israel, where data on lifetime prevalence have not been collected, the most recent survey available estimated last month prevalence at 4.4 % in 2014 (Muscat et al., 2017), which is higher than in Morocco, Algeria and Tunisia (2.3 %, 1.4 % and 0.5 %, respectively).

Tramadol

An estimated 200 000 individuals in the Gaza Strip use tramadol. Dependence to tramadol has also been recorded in the West Bank (Al-Afifi et al., 2019; Balousha, 2019; Damiri et al., 2018; Massad et al., 2016; Palestinian National Institute of Public Health, 2017a; Progler, 2010; Thabet and Dajani, 2012; Van Hout et al., 2019). The price of tramadol is reported to have increased substantially in recent years, rising from ILS 10-20 (EUR 2.72-5.45) for

10 tablets in 2014, to ILS 20 (EUR 5.45) per tablet in 2019 (Balousha, 2019; Eldar, 2016). Tramal, a brand name of tramadol, is reported to be substantially cheaper (The Times of Israel, 2019c).

There also appear to be pockets of heavy use of tramadol in Egypt, Libya and Syria. In Libya, tramadol is reported to be used by a wide cross-section of people of different age groups, gender and socio-economic backgrounds, with demand especially high in the southwest region of the Fezzan. Prices appear to have generally increased from around LYD 100 (EUR 18) to between LYD 150 and LYD 200 (EUR 27-36) for 10 tablets, each of which reportedly containing 100 mg.

In Syria, the non-medical use of tramadol among wounded Syrian fighters and injured civilians, to cope with pain, has been reported (Wedeman and Khadder, 2019). In Idlib province, hospitals have reported a monthly average of 30 to 40 cases of substance misuse (Syrian Observatory on Human Rights, 2021a) thought to be linked to this drug.

Data from the analysis of residual contents of used syringes collected from four sites in Tunis in 2021 detected tramadol in almost a third of the analysed syringes (see the box 'Analysis of residual content of used syringes in Lebanon and Tunisia', page 30).

Pregabalin

Diversion and use of pregabalin is reported to be increasing rapidly across a number of ENP-South region countries, including Algeria, Jordan, Libya, Morocco, Palestine and Tunisia. Pregabalin appears to be readily available, either trafficked from Europe and neighbouring countries, or sourced from local pharmacies. It is also reported to be inexpensive, with a single tablet costing between DZD 300 and DZD 1000 (EUR 1.5-6) in Algeria, although prices may vary according to the strength, the brand and the region (EMCDDA, 2021; Herbert and Gallien, 2020a). Data from emergency presentation with acute toxicity at two sentinel hospitals in Algeria in 2021 identified a relatively large number of cases where prescription medicines were detected, with pregabalin as the most prevalent of these (see the box 'Emergency department presentations with acute drug toxicity').

In Tunisia, pregabalin is locally known as saroukh. Pregabalin may be acquired through fraudulent prescriptions bought from doctors. Lyrica (a brand name of pregabalin tablets) is produced in Tunisia, which ensures it is usually available in large quantities in pharmacies, with a packet of the medication costing around TD 90 (EUR 30) (Sajal and Barakat, 2020). Data from emergency acute toxicity presentations at one hospital in Tunis in 2021 did not detect pregabalin in any of the cases analysed (see the box 'Emergency department presentations with acute drug toxicity').

Emergency department presentations with acute drug toxicity

A study to collect data on non-fatal acute emergencies related to drug use has been implemented in five sites (hospital emergency departments) in four countries of the South-ENP region. The study has been conducted following the protocol established by the European Drug Emergencies Network. The study involves the collection of data on emergency department presentations with acute drug toxicity from sentinel centres or hospitals. The data are not nationally representative but may serve as an indicator of high-risk drug use trends. In particular, the data may provide a window on the characteristics of some sub-populations of people who use drugs, or may be useful for detecting new patterns of use (for more information see the hospital-emergencies topics page on the EMCDDA website).

The details relating to the presentations to each centre are shown in the first table below.

Prescription medicines as a reason for non-fatal acute emergencies were most commonly reported by two sentinel centres in Algeria. Pregabalin was reported in 64 (49.2 %) and 7 (24.1 %) presentations in the Babl El Oued and Oran centres respectively. In Tunis, Tunisia, cannabis was the most frequent illicit drug, reported in 55 presentations (65.5 %), followed by MDMA in 38 presentations (43.7 %). Haifa (Israel) listed just over half (50.6 %) of the reported drugs as unknown (in 41 presentations) (see the second table below).

Details of presentations to each centre

Centre	Months data collected	Number of months	Number of presentations	Median (range) age, years	Male (%)
Bab El Oued, Algeria	Feb-Oct 2021	9	130	26.2 (17-58)	76.9
Oran, Algeria	Mar-Sep 2021	7	29	28.5 (16-52)	55.2
Haifa, Israel	Jan-Jun 2021	6	60	40.7 (18-89)	70.0
Beirut, Lebanon	Apr-Sep 2021	6	5	29.8 (18-40)	100.0
Tunis, Tunisia	Apr-Oct 2021	7	87	26.5 (15-57)	89.7

Substances reported in emergency presentations

Centre	Number of presentations	Illicit drugs (%)	Prescription medicines (%)	Unknown (%)	Top 4-5 drugs
Bab El Oued, Algeria	130	19.2	82.1	1.3	1. Pregabalin 2. Clonazepam 3. Cannabis 4. MDMA = tramadol
Oran, Algeria	29	26.3	73.7	0.0	1. Pregabalin 2. Bromazepam 3. Cocaine = MDMA
Haifa, Israel	60	21.0	23.4	50.6	1. Unknown 2. Cannabis 3. Cocaine = methadone = fentanyl
Tunis, Tunisia	87	90.2	9.8	0.0	1. Cannabis 2. MDMA 3. Cocaine 4. Buprenorphine 5. Heroin

Outlook

Responses

Illicit drug use in the ENP-South region poses a challenge to the countries that make up the region. Historically, most have employed punitive law enforcement and supply reduction-focused approaches to addressing illicit drugs (Benedetti et al., 2019). In Morocco, for example, 25 % of the prison population in 2019 had committed drug offences, although such cases constituted less than 10 % of the total number of substantive cases before the courts (Alyaoum24, 2020).

While law enforcement-centred approaches have continued, there has been an increase in the implementation of public health approaches to address drug use, including prioritisation of prevention (for more information, see EMCDDA, 2022) and expansion of public and private treatment facilities. Although positive, efforts to take a more public health-focused approach often face capacity issues; for example, the number of beds available in treatment centres remains limited and appears unlikely to be sufficient to meet demand.

The most developed treatment system in the region is found in Israel. The country has 12 public units and 6 private clinics for opioid agonist treatment ([8]), albeit most being abstinence-focused (EMCDDA, 2015). The most recent data available indicate that, in 2016, about 14 000 patients received treatment through this system, out of which more than 5 000 were treated specifically for cannabis (Israel Ministry of Social Affairs and Social Services, 2016; Shabi, 2018).

Algeria reflects more of the norm for the region. The country has 4 inpatient hospital units (out of a planned 13) offering rehabilitation services to people who use drugs, with other support delivered through 53 health centres (EMCDDA, 2021). Information from the Ministry of Health indicates that the centres can accommodate up to 20 000 patients, although these numbers are below estimated needs (APS, 2021). In the first half of 2021, the facilities admitted 6 799 people, nearly all of whom were male (Benfodil, 2021). Most treatment facilities are concentrated in large urban areas in the north of the country (EMCDDA, 2021).

This scenario of care facilities clustered together can be seen in Algeria and other states as well, including Tunisia and Libya. In Libya, treatment facilities are concentrated in the capital, Tripoli, the coastal city of Misurata, in the west of the country, and the eastern city of Benghazi. The lack of wider access to treatment facilities poses a challenge to people who need these services in rural and remote areas. This is a particularly acute challenge in geographically large countries, such as Algeria and Libya, or those where movement restrictions or conflict impede internal mobility.

A further challenge in the region is the limited capacity of national healthcare systems, which impacts on referrals, rehabilitation and in-community post-rehabilitation care. In Palestine, for example, fragmented and disrupted health services, particularly during times of conflict and travel restrictions, impede the ability of individuals to enter treatment (Massad et al., 2016; Palestinian National Institute of Public Health et al., 2017b).

Treatment gaps were further exacerbated by the COVID-19 pandemic, which forced centres to temporarily close, halt new admissions or curtail treatment across most of the region.

In Palestine, the COVID-19 pandemic led to the closure of many drug treatment and general health facilities, which may contribute to higher rates of relapse among people undergoing treatment, including opioid agonist treatment. The National Treatment Centre of the Ministry of Health was closed for the treatment of clients with substance abuse issues on 2 April 2020. The Palestinian National Rehabilitation Centre was closed and used as a COVID-19 hospital. It also cancelled daily opioid agonist treatment administration following the introduction of curfew measures. Data provided by the Ministry of Health indicates that between March and May 2020, there were only two new admissions to the opioid agonist treatment programme (down from 14 in 2019).

In some cases, for example in Jordan, treatment centres were emptied at the beginning of the pandemic to decrease the transmission of COVID-19. In others, former treatment facilities were converted into COVID-19 isolation centres. Regardless of the rationale, the net effect in many places was to limit the ability of people to seek drug treatment even as social stresses were increasing the use of illicit drugs.

Finally, the pronounced impact of economic difficulties in Lebanon on drug treatment efforts, which pre-date the

([8]) The term ‘opioid agonist treatment’ is used here as the preferred term to cover a range of treatments involving the prescription of opioid agonists to treat opioid dependence. The reader should be aware that this term includes opioid substitution treatment, which may still be used in some of the EMCDDA’s data collection tools and historical documents.

COVID-19 pandemic, underline the risks for other states in the ENP-South region facing rising economic difficulties. In Lebanon, the deteriorating economic situation impacted negatively on drug treatment, and has been linked to a medication shortage (mainly buprenorphine), which is dispensed exclusively by the Ministry of Health. A fourfold increase in the price of opioid agonist medication was reported in interviews conducted for this study, from LBP 28 000 to LBP 108 000 (EUR 16.36 to EUR 63.11). During previous shortages, some people in opioid agonist treatment are thought to have begun using heroin again for cost reasons. An increase in the use of benzodiazepines was also noted. These sorts of developments highlight the importance for the region as a whole in providing affordable access to opioid agonist treatment for those in need of it.

Internationalisation of organised crime networks

As noted above, there are some indications that international organised crime networks may be becoming established in the region or developing partnerships with local and regional networks. Similar developments have been noted in the most recent EU drug markets reports (EMCDDA and Europol, 2022a, 2022b), whereby Latin American drug trafficking organisations have established links to the EU to facilitate the production and trafficking of drugs. The establishment of international crime networks in the ENP-South region poses a significant threat to security and health and requires ongoing monitoring and response.

A rising challenge in the region is entrenched corruption. Trafficking networks are thought to have infiltrated state structures in most countries in the region, although to varying degrees. Organised crime networks secure the complicity or complacence of high-ranking officials, enabling drug flows and impeding attempts to disrupt them. Issues around state penetration can be seen at multiple levels, ranging from low-level, yet ubiquitous, payments, to deep and direct integration of state actors in criminal activity, including security officers and military personnel (GI-TOC, 2021; Herbert and Gallien, 2020a, 2020b).

Knowledge gaps

The main knowledge gap related to the regional drugs situation stems from the lack of systematically collected, factual, objective, reliable and comparable data. The lack of routine drug monitoring data makes it challenging at country and regional level to develop any reliable trends-based analyses. While some data may be collected by individual government departments or states, such data are not generally made publicly available.

Further, the EMCDDA-led studies and surveys drawn upon for supplementary data are only carried out in a limited number of countries in the region. Other data collection methods remain limited, which is clearly an area where improvements can be made.

Abbreviations

EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
ENP	European Neighbourhood Policy
EU4MD	EU4Monitoring Drugs project
ESCAPE	European Syringe Collection and Analysis Project Enterprise
ESPAD	European School Survey Project on Alcohol and Other Drugs
GI-TOC	Global Initiative against Transnational Organized Crime
HBV	hepatitis B virus
HCV	hepatitis C virus
NGO	non-governmental organisation
NPS	new psychoactive substances

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About this publication

This report presents an analysis of the drug markets in the European Neighbourhood Policy-South region covering Algeria, Egypt, Israel, Jordan, Lebanon, Libya, Morocco, Palestine (*), Syria and Tunisia. Focused on providing insights into drug production, trafficking, sale, use and harms, the report contains data and information from a review of publicly available information and selected studies conducted between 2019 and 2022 in the framework of the EU4Monitoring Drugs project, funded by the European Commission. It concludes with an outlook on key areas for policy and practice to address emerging drug market challenges.

(*) This designation shall not be construed as recognition of a State of Palestine and is without prejudice to the individual positions of the Member States on this issue.

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The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) is the central source and confirmed authority on drug-related issues in Europe. For over 25 years, it has been collecting, analysing and disseminating scientifically sound information on drugs and drug addiction and their consequences, providing its audiences with an evidence-based picture of the drug phenomenon at European level.

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